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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Iraq	3 000 000	13 000 000	1995-1996
Palestinians in:			
Lebanon	350 000	350 000	1995
Syrian Arab Republic	200 000	-	1995
West Bank and Gaza	725 000	35 000 000	1994-1995

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. IRAQ

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	8.9
Under-five mortality rate (per 1,000 live births)	80
Infant mortality rate (per 1,000 live births)	64
Underweight (percentage moderate/severe)	12/2
Maternal mortality rate (per 100,000 live births) (1989)	120
Literacy (percentage male/female)	70/49
Primary school enrolment (percentage net, male/female)	90/78
Percentage of grade 1 reaching grade 4 (1988)	58
Access to safe water (percentage) (1991)	54
Access to health services (percentage)	97/78
GNP per capita, 1991 (dollars)	1 500
One-year-olds fully immunized against (percentage):	
tuberculosis:	82
diphtheria/pertussis/tetanus:	73
measles:	90
poliomyelitis:	64
Pregnant women immunized against (percentage):	
tetanus:	45

1. When the Gulf crisis erupted in August 1990, the programme of cooperation for the period 1990-1994 approved by the Executive Board (E/ICEF/1990/P/L.22) could not be implemented as planned. As a result, the approved level of general resources of $2,850,000 was reprogrammed to provide emergency programme needs. This resulted in an accelerated utilization of funds.

2. Therefore, in 1993, the Executive Board approved $4 million from general resources and $13 million in supplementary funding to cover the period 1993-1994 (E/ICEF/1993/P/L.15). Although implementation of the programme began only six months prior to preparation of the current submission, the programme is well on course in importation and distribution of supplies, training/capacity-building and communications and advocacy to improve the situation of children and women.

3. During the period 1990 to October 1993, supplementary contributions of $122 million were received to implement emergency programmes in basic health, water supply and sanitation, nutrition and education. Thus the regular programme and the emergency programme are complementary.

Programme cooperation, 1993-1994

4. The situation of children and women in Iraq as described in the 1993 country programme recommendation remains the same. After the Gulf War, infant and child mortality rates increased from 28 and 48 per 1,000 live births to 64 and 80 per 1,000 live births, respectively. The percentage of low-birth-weight babies (under 2.5 kilograms) increased from 5 to 12 per cent. Diarrhoeal diseases became the number one killer of children under five years of age. A sudden increase in cases of acute respiratory infection (ARI) was also evident. Data from 30 cluster nutrition surveys conducted in the three northern governorates in December 1993 indicate a prevalence of severe and moderate malnutrition among children under five years old of 1 and 7 per cent, respectively. Cases of marasmus and kwashiorkor continue to be reported in the rest of the country. Although the problem of malnutrition has not escalated over recent months, it must still be addressed across the country. School enrolment of girls has declined and there has been an increase in the drop-out rate. As the war increased the number of female-headed households, it also imposed greater pressure on more girls to help with the workload at home. Many children also were forced to work to supplement family income. In addition, many children suffered from war-related traumas. Owing to the destruction of service infrastructure for health, water supply and sanitation and education, as well as lack of spare parts and shortage of medicine and other supplies, UNICEF assistance was required to bolster a fragile social service system.

5. The 1993-1994 country programme was developed to help progress from rehabilitation towards normality, and it was designed to complement and supplement the United Nations Inter-Agency Humanitarian Programme. The 1993-1994 period of cooperation established the basis for a longer five-year perspective. As such, this cooperation responded to the global goals for Iraq.

6. The main objectives were to contribute to the reduction of the infant mortality rate and maternal mortality rate and to improve the overall development of infants, children and women.

7. The health programme had five priorities: expanded programme on immunization (EPI); control of diarrhoeal diseases (CDD); maternal and child health (MCH); control of ARI; and childhood disability.

8. In the expanded programme on immunization, 1,500 medical doctors, nurses, health workers and vaccinators are being trained to reduce vaccine-preventable diseases; and 200 technicians are being trained in repair and maintenance of cold-chain equipment. Intensive immunization campaigns were launched during 1992 and 1993 to boost coverage. Supplies of vaccines, needles and syringes were maintained during 1993, with additional support provided through emergency funds. During the 1993/94 school year, the Ministry of Health is carrying out an anti-tuberculosis immunization campaign to reach all schoolchildren who had not received anti-tuberculosis vaccines.

9. Control of diarrhoeal diseases aims to reduce significantly morbidity and mortality due to diarrhoea through the use of oral rehydration therapy (ORT) for all children under five years of age. A CDD campaign was launched in April 1993 and was accelerated through country-wide distribution of oral rehydration salts

(ORS), training and social mobilization activities to promote proper case management of diarrhoeal diseases, use of home-made fluids, identification and referral of severe cases, promotion of breast-feeding and hygiene education for 1,000 doctors, nurses and supervisors.

10. The objectives of acute respiratory infection services were to reduce mortality due to such infection, particularly pneumonia, by 10 per cent; to reduce complications resulting from acute upper respiratory infections; and to promote the correct use of antibiotics in the treatment of acute respiratory infections, which was particularly beneficial in northern Iraq where many children are affected. Training of doctors, medical assistants and mothers has been carried out. A nationwide ARI campaign was launched on 11 October 1993. A consultancy for translation and dubbing of an ARI film and for training health staff was also supported.

11. UNICEF-sponsored studies reveal that, as a result of the Gulf War, psychological and emotional problems are still common among many children. Thus UNICEF supports day-care centres and psycho-social service for children. The programme aims to raise public awareness about war-related stress on children and to build national capacity to address the problem. The Psycho-Social Rehabilitation Centre has been established at Baghdad. Two regional centres, one at Mosul and the other at Basra are in operation. The Centre at Baghdad has trained 30 master trainers and provided treatment for 462 traumatized children and 69 families. UNICEF has provided the Centre with intelligence test kits, training manuals, toys, teaching aids and consultancy support.

12. The water supply and sanitation programme is focusing on repair and maintenance of water supply facilities through the provision of technical assistance, spare parts and equipment. Rehabilitation of sewage disposal systems is also taking place as a carry-over from the emergency programme. Steps are being taken to evolve to a regular programme by promoting the use of low-cost technology, particularly in northern Iraq, with an emphasis on hygiene education, national capacity-building and the establishment of monitoring systems.

13. The introduction of the government food rationing system in cooperation with UNICEF and other United Nations organizations helped to ease nutritional deprivation. A UNICEF-supported study showed that malnutrition, which had skyrocketed during the Gulf War, had eased somewhat. Consequently, UNICEF has generally started phasing out the supplementary feeding programmes. There may be need, however, to strengthen involvement in the three northern governorates by providing supplementary feeding. Food will also be provided for hospital-based therapeutic feeding. UNICEF is also concentrating on the promotion of breast-feeding, preparation of appropriate weaning foods and growth monitoring and promotion. In 1993, the Baby-Friendly Hospital Initiative (BFHI) was introduced in four hospitals.

14. The Government of Iraq plans to iodize salt for country-wide distribution. UNICEF has assisted by providing potassium iodate and supporting the preparation of information, education and communication materials.

15. The primary school drop-out rate has increased from a pre-war level of 3 per cent to 17 per cent. A pilot school feeding project launched at Suleimaniyah during the winter of 1992 and 1993 benefited some 25,000 schoolchildren, with school attendance increasing by an estimated 25 per cent over the previous year. UNICEF has also provided assistance for the rehabilitation of water/sanitation systems in schools and for supplies, equipment, school furniture, kerosene heaters and kerosene to improve the teaching and learning environment.

16. As a result of UNICEF advocacy and support, the Iraq National Assembly ratified the Convention on the Rights of the Child in April 1993. Preparatory work on the national programme of action is well under way. A multisectoral National Childhood Welfare Committee has been established to oversee the drafting of the national programme of action and all development policies related to children.

17. Social mobilization initiatives have established linkages between the health, early childhood development (ECD) and the planning/research programmes. A government multisectoral committee prepared a version of Facts for Life messages entitled "For a Better Life", which was distributed widely throughout the country.

18. The media in Iraq helped to raise public awareness regarding the needs and concerns of children, especially among religious leaders, extension workers, local councils and non-governmental organizations (NGOs). Three hundred professionals in government, NGO staff, health educators and broadcasters are being trained. Two hundred radio and television producers will be trained to prepare and broadcast programmes on health issues. Information and education materials also continue to be produced to mobilize the support of the donor community.

19. Reliable data on the social situation of children and women in Iraq are limited. Therefore, the Mother and Child Unit created by the Central Statistical Organization in the Ministry of Planning aims to collect and analyse data on children and women. It is also assisting in the preparation of the national programme of action and will monitor the mid-decade goals and the goals for the year 2000.

United Nations Inter-Agency Humanitarian Programme

20. After the memorandum of understanding between the United Nations and Iraq expired in June 1992, United Nations assistance to Iraq slowed down considerably. However, field activities of United Nations organizations and international NGOs have begun again and cover the entire country, with a particular focus on the northern areas. For the period from October 1992 to March 1993, UNICEF emergency assistance amounted to $86 million. An EPI campaign was launched to strengthen immunization coverage; essential and life-saving drugs were provided; a supplementary and therapeutic feeding programme was implemented; support was also given for the rehabilitation of schools and provision of school supplies; and 68 million litres of kerosene were provided to 750,000 families.

21. A new programme covers the period from 1 April 1993 to 31 March 1994; the UNICEF share is $85 million. By the end of November 1993, UNICEF had received $28.2 million in contributions. The programme supports the supply of essential drugs; restoration of water supply and sewage systems; and various primary health care (PHC) activities such as immunization, CDD and ARI measures and the training of medical and paramedical staff in PHC. International NGOs such as the Cooperative for American Relief Everywhere, Inc., the Oxford Famine Relief Campaign and Associazione Volontari per il Servizio Internazionale are collaborating closely with UNICEF in the implementation of the current humanitarian programme. The target of providing 120 million litres of kerosene has been met.

Recommended programme cooperation, 1995-1996

Estimated annual expenditure

(Thousands of United States dollars)

	1995	1996	Total
General resources			
Health	875	525	1 400
Nutrition	50	30	80
Water supply and sanitation	250	75	325
Education	400	150	550
Young child development	75	35	110
Advocacy and communications	250	125	375
Planning and social statistics	100	60	160
Subtotal	2 000	1 000	3 000
Supplementary funding			
Health	3 000	3 000	6 000
Nutrition	300	450	750
Water supply and sanitation	950	1 500	2 450
Education	925	1 450	2 375
Young child development	750	500	1 250
Advocacy and communications	75	100	175
Subtotal	6 000	7 000	13 000
Total	8 000	8 000	16 000

22. The 1995-1996 country programme will continue to help rehabilitate social service infrastructure and will phase in a selected set of mid-decade goals to improve the prospects for achievement of the goals for the year 2000. The major strategies for programme implementation include addressing generic MCH services with linkages between national and integrated area-based approaches;

coordinating UNICEF-assisted programmes at the national level through the National Childhood Welfare Committee; supporting training and capacity-building efforts; addressing women's concerns; and promoting community participation and cross-sectoral collaboration at the community level.

23. The programme will go through a transition phase from rehabilitation towards a regular country programme. If the economic situation improves, such activities as the provision of vaccines, cold-chain equipment, supplies and equipment for water and sewerage systems will be phased out in favour of development activities in nutrition, health, ECD and primary education.

24. Seven major programme areas will be covered. They comprise the rehabilitation and expansion of services in health, nutrition, water supply and sanitation, education, young child development, programme support in advocacy/communications and planning and social statistics. The draft national programme of action is a principal reference for the programme.

Health

25. The health programme will include five major priorities: EPI; CDD; MCH; control of ARI; and childhood disability. The overall objective is to achieve the mid-decade goals and, thereby, progress towards achieving the goals for the year 2000 by strengthening the PHC system. Thus the health programme has strong linkages among the five priorities, as well as linkages with the nutrition programme to strengthen overall impact.

26. The expanded programme on immunization aims to strengthen regular immunization services and move away from campaigns; increase immunization coverage of infants against the six antigens to 90 per cent and coverage of women of child-bearing age against tetanus to 75 per cent by 1995; reduce mortality due to measles by 50 per cent and morbidity due to measles by 50 per cent as compared to 1990 levels; eradicate poliomyelitis in five selected governorates; and reduce neonatal tetanus by 50 per cent. A coverage survey will be conducted in early March 1994 to establish baseline data. Traditional birth attendants will be trained by 1995 and provided with kits. A system will be established for regular reporting of neonatal mortality through the Ministries of Health and Planning. Vaccine needles, syringes and cold-chain equipment will be provided.

27. The aim of the control of diarrhoeal diseases is to achieve 80 per cent use of ORT by 1995 and virtually full ORT coverage of under-five-year-old children affected by diarrhoea-related dehydration by 1996. Supplies and equipment will be provided to improve the diarrhoea treatment units and ORT corners. The prevention of diarrhoea will be addressed by promoting health education, especially breast-feeding and the preparation of appropriate weaning foods. Local NGOs will be supported to strengthen communication with communities. Support will also continue to be given to improve the quality of water supply and sanitation facilities.

28. The aim in maternal and child health is 80 per cent coverage of high-risk pregnancies with prenatal and post-natal care. Medical officers, paramedical staff, nurses and traditional birth attendants will be trained to provide

improved MCH services throughout the country. Health and pregnancy-related education for mothers of children under five years of age will be a top priority.

29. The objective of the control of acute respiratory infection component is to reduce mortality of under-five-year-old children by 10 per cent. Activities will include training of programme managers, supervisors and parents. Mass media campaigns will help to raise awareness of community leaders, NGOs and health workers. UNICEF will support research to identify the prevalence and causes of ARI and to identify improvement in health policy related to those infections. CDD and ARI initiatives will be integrated in line with World Health Organization (WHO) guidelines to improve cost-effectiveness.

30. Early detection and community-based rehabilitation of children with marginal disabilities (estimated at between 2 and 5 per cent of all children enrolled in schools) will be the objective of the childhood disability project. The training of parents, schoolteachers and health workers will be supported. The prevention of disabilities through immunization against vaccine-preventable diseases will be promoted nationwide.

Nutrition

31. The nutrition programme will focus on the promotion of growth monitoring and elimination of micronutrient deficiencies.

32. The promotion of growth monitoring aims at improved prevention and detection of child malnutrition. Initially, growth monitoring will cover 30 per cent of all children under the age of five years. The promotion of breast-feeding, the training of various cadres of health staff and the expansion of BFHI to cover all maternal and child hospitals will also play important roles in the reduction of malnutrition by 20 per cent, based on the 1990 level. UNICEF will collaborate with selected universities to conduct surveys on the nutritional status of children and to identify such policy-related risk factors as socio-economic, demographic, health, nutrition and food consumption status. Some 1,000 health staff will be trained in nutrition-related fields.

33. The objective in the area of micronutrient deficiencies is to reduce anaemia and vitamin D deficiencies to 33 per cent among mothers and pregnant and lactating women; virtually to eliminate vitamin A deficiency; and to promote universal iodization of salt so as to achieve the mid-decade goals. Training will reach 1,000 medical and paramedical staff who serve pregnant women. The publication "For a Better Life" will be used to impart nutrition education to pregnant and lactating mothers. Kitchen-gardening will enable families to have access to inexpensive and fresh food. The nutrition programme is part of the area-based programme in selected governorates.

Water supply, sanitation and hygiene

34. This programme includes providing safe drinking water; improving access to sanitary means of excreta disposal; furnishing mothers with basic knowledge related to personal hygiene/environmental sanitation; and training health

workers, schoolteachers and children in the content of hygiene education in order to reduce the incidence of cholera, typhoid and diarrhoea among children.

35. On the basis of an evaluation of the emergency operation, if the economic situation improves, there will be a gradual scaling-down of support to larger-scale water supply schemes in favour of smaller systems that use low-cost technology, with an emphasis on hygiene education. Careful planning and management will be initiated to transform the water supply and sanitation emergency/rehabilitation programme into a regular programme with an emphasis on national capacity-building, community involvement and monitoring systems.

36. The programme will provide a package of water supply, sanitation and hygiene education to selected governorates under the integrated area-based approach. Hygiene education packages will cover 4,000 health workers, schoolteachers, parents and children. Training materials will be tested in selected areas for nationwide use. Intersectoral coordination between the Ministries of the Interior, Health and Education will lead to a common strategy for the use of extension workers and more sharing of resources to economize on costs. Local NGO staff will be trained to undertake hygiene education with communities.

Education

37. Non-formal education will evolve according to the findings and recommendations of a pilot project that was carried out in 1992. Surveys will be undertaken to identify the areas in need of non-formal education, particularly for girls, with the participation of local project authorities. The project aims to increase knowledge of basic life skills among 50 per cent of all school-age girls in the selected governorates. Priority will be given to training teachers and providing them with communication materials and other educational supplies. Literacy training for 800 mothers, inter alia, will increase their awareness of the importance of education for girls and also help those women to benefit more from existing basic services.

38. The formal education project will address the needs of primary school children by upgrading the quality of teachers. UNICEF will also support the training of an additional 200 trainers and 1,000 teachers, especially female primary schoolteachers, and will provide some basic simple educational supplies for students and teachers in 10 per cent of primary schools in selected governorates.

Young child development

39. The objective of this programme is to address the development needs of the young child on the basis of four interrelated factors: changes in family structure; lower living standards; psychological consequences of war; and lack of facilities for development of young children under the age of six years.

40. Major activities will include training, the provision of supplies and technical assistance, monitoring/evaluation activities and social mobilization. A video-based parent education service will provide essential knowledge and basic information on child development.

41. The day-care centres project will train an additional 50 master trainers, 1,000 caregivers and 2,000 mothers in urban and rural areas in early childhood care; establish two day-care centres at Mosul and Basra; and develop integrated pre-school education services.

42. The project on psycho-social support for children with war-related trauma and stress will be implemented by the national centre at Baghdad and the two regional centres at Mosul and Basra that are to be established. The objective is to train 800 child-care personnel, social workers and schoolteachers, as well as 1,000 mothers, fathers and older siblings in the home-based rehabilitation of traumatized children. A video on therapeutic communication for parents and their traumatized children will be prepared.

Advocacy and communications

43. In the light of the goals for the 1990s, communities will be mobilized to contribute more to, and benefit more from, maternal and child services. Communication activities will give priority to mobilizing community leaders as watchdogs for children's rights. The publication "For a Better Life" will be the basis for all programmes to promote nationwide Fact for Life messages. Local writers, artists and craftsmen will be sensitized to issues and concerns of children and women as identified in the situation analysis.

44. The National Childhood Welfare Committee periodically reviews progress towards implementation of this cooperation and advocates the improvement of the status of children and women. Appropriate linkages will be developed with all programmes through the creation of a multisectoral advisory group under the Ministry of Information, which will include the Ministries of Health, Education, the Interior, Planning, Labour and Social Affairs, as well as NGOs.

Planning and social statistics

45. Planning and monitoring development programmes, especially pertaining to vulnerable groups, has emerged as a major challenge given the socio-economic impact of the Gulf War. UNICEF will continue to support monitoring as a means of achieving the goals for the years 1995 and 2000. UNICEF, in collaboration with the Mother and Child Unit of the Central Statistical Organization, will support the training of statisticians and researchers to improve social statistics on gender and localities for strengthening monitoring and evaluation related to the process of the national programme of action.

46. Training activities will promote local-level planning for community participation, especially for community representatives. Selected government officials will attend training programmes on new approaches in integrated, area-based programming to enable them to implement more effectively the country programme and to operationalize the national programme of action at the local level throughout the country.

47. The Executive Board is requested to approve $3 million from general resources and $13 million from supplementary funds for the period 1995-1996 as a transition towards a regular five-year programme of cooperation in 1997.

II. PALESTINIANS

Basic data (1991 unless otherwise stated)

	Jordan	Lebanon	Syrian Arab Republic	West Bank and Gaza
Total population (thousands)	1 400	370	340	1 682
Under-five mortality rate (per 1,000 live births)	60	n.a.	64	55
Infant mortality rate (per 1,000 live births)	50	53	53	42
Primary school enrolment (percentage, gross)	91	94	100	102
Literacy (percentage, male/female)	90/72	90/83	94/81	60
GNP per capita, 1990 (dollars)	n.a.	n.a.	1 110	1 275
One-year-olds fully immunized against (percentage) :			97	>90
tuberculosis:	97	95		
diphtheria/pertussis/tetanus:	98	95		
measles:	87	95		
poliomyelitis:	98	95		
Pregnant women immunized against (percentage) :				
tetanus:	75	90	66	

48. Programmes of cooperation for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the West Bank and Gaza were approved by the Executive Board for the periods 1994-1997 (E/ICEF/1993/P/L.20), 1992-1994 (E/ICEF/1992/P/L.32), 1991-1994 (E/ICEF/1991/P/L.23) and 1992-1994 (E/ICEF/1992/P/L.32), respectively. The initial plans were to submit to the Executive Board in 1994 three-year programme recommendations for Lebanon, the Syrian Arab Republic and the West Bank and Gaza. In view of the signing of the Declaration of Principles by Israel and the Palestine Liberation Organization on 13 September 1993, expected developments during the first two years of the transition will necessitate submitting short-duration recommendations. This will allow for more effective programme adjustments, establishment of working relations with the emerging structures and more time for preparing a programme for a longer cycle.

The situation of children and women

49. The total Palestinian population is estimated at 3.8 million, fewer than 45 per cent of whom live in the West Bank and Gaza. There is high annual

population growth, with a young age structure. In contrast with the West Bank, which has a large rural population, most groups of Palestinians are highly urbanized. In Jordan, Lebanon and the Syrian Arab Republic, more than 60 per cent of registered Palestinians live in refugee camps and underserved squatter areas. Greater Gaza City is, by far, the largest urban area in the occupied territories.

50. Palestinians have been affected severely by poor economic and living conditions. As a result of civil strife in Lebanon, economic recession in Jordan and a weakened economy of the occupied territories, currencies lost a substantial portion of their international values, the cost of living increased substantially and unemployment climbed to over 30 per cent. The Gulf crisis worsened the economic situation of many Palestinian families who relied heavily on economic activities linked with the Gulf countries; more than 25,000 workers from the Gulf returned to the occupied territories in 1991. Daily power cuts in Lebanon led to poor water supply. Although 98 per cent of Palestinian shelters have private latrines, there is serious lack of appropriate sewerage systems in all the camps. Overcrowded and unsanitary conditions have turned the displacement camps into slums.

51. The infant and under-five mortality rates fall in the range of 42 to 53 and 55 to 64 per 1,000 live births, respectively, the rates being somewhat higher in squatter communities and overcrowded areas. The major causes of infant mortality are low birth weight/prematurity, congenital malformations, gastroenteritis and ARI. Diarrhoeal diseases and ARI are the leading causes of death among children under five years of age. Registered Palestinians are provided with PHC services through a network of health centres and MCH centres run by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Palestinians also benefit from the services of hospitals and dispensaries run by the Palestinian Red Crescent Society (PRCS), mainly inside the camps. In addition to UNRWA and PRCS, several Palestinian philanthropic associations, international NGOs and private physicians provide health services. While immunization coverage is over 85 per cent for all antigens and ORT is commonly used, services provided by NGOs and the private sector usually do not focus on prevention and are of uneven quality. Misuse of antibiotics for treating diarrhoea and ARI is common.

52. Little is known about birth practices and service quality. The proportion of births by trained attendants ranges from 50 per cent in camps in Jordan to 80 per cent in Gaza. Data on the maternal mortality rate vary from zero for registered pregnant women, who are under UNRWA supervision in Lebanon, to 93 per 100,000 live births in the Syrian Arab Republic. Among the major causes are haemorrhaging, pre-eclampsia and womb lacerations.

53. The enrolment rate of Palestinian children is above 90 per cent in primary school, with no significant gender bias. Secondary school enrolment, however, shows a lower enrolment of girls than boys. The UNRWA school system provides primary and preparatory education for the majority of registered Palestinian children. The primary school drop-out rate may reach 30 per cent. In the occupied territories, overcrowded classes, ill-equipped schools, under-trained teachers and extended school closures since the onset of the intifadah have limited the quality of education. The modest coverage and quality of pre-school

education provided by NGOs and limited stimulation opportunities for young children in their communities and homes are major concerns.

54. The responsibilities of Palestinian women differ from those of women in many other Arab societies owing to the unique nature of life in refugee communities and in camps. The high value placed on education and the need for women to head households in the absence of adult males because of education, employment or military obligations promote women's participation in family and community decision-making.

55. During the intifadah, there were many casualties, particularly children who require physiotherapeutic and psychotherapeutic care. In addition, the suspension of sports, educational and cultural clubs and community-based activities has reduced substantially non-formal learning opportunities for children and young people in the occupied territories.

Review of programme cooperation

56. A mid-term review of the UNICEF-assisted programme for Palestinians in the Syrian Arab Republic was held in May 1993. The lessons learned highlighted recommendations to (a) retain the priorities of the programme; (b) ensure that national efforts to achieve global mid- and end-decade goals include the Palestinian community; (c) strengthen programmatic links with Palestinian NGOs and grass-roots organizations; (d) expand UNICEF cooperation in experience exchange and in cooperation between UNRWA and the Ministries of Health and Education; (e) focus early childhood development activities on empowering parents and other caregivers with essential knowledge; and (f) strengthen cooperation between the Palestinian programmes in the Syrian Arab Republic and those in Jordan, Lebanon and the West Bank and Gaza.

57. A review of programme implementation for Palestinians in Lebanon is planned for early 1994. Among lessons learned are that the programme should place emphasis on building the capacity of Palestinian counterpart NGOs; empowering communities, families and women with basic skills and knowledge for better living; promoting social mobilization; and developing comprehensive monitoring and reporting systems. Since registered Palestinians are reasonably well covered by UNRWA services, UNICEF should focus on those living outside camps who are not reached by either government or UNRWA assistance.

58. Since 1980, in the West Bank and Gaza, UNICEF has supported immunization, CDD, ECD and water supply and sanitation services. UNICEF responded to the intifadah with a joint UNRWA/UNICEF emergency physiotherapy programme which, by 1991, had treated more than 5,000 casualties. The cooperation of 1992-1994 strengthened the capacity of health and education institutions to address problems resulting from physical and psychological trauma through three components: (a) strengthening local PHC organizations through training and cooperation in universal child immunization, nutrition, ARI, CDD and maternal health; (b) upgrading the education system through teacher training, development of remedial education, self-learning and active learning packages and resource centres, and strategies to bring educational and child development messages into the home and the community; and (c) supporting the childhood disability and rehabilitation programme previously mentioned. Emergency physiotherapy services

as well as psychological services for traumatized children are being strengthened.

Recommended programme cooperation

59. Recent developments, which culminated in the Declaration of Principles of 13 September 1993, have had a direct effect on the cooperation programmes for Palestinians. The joint United Nations Development Programme (UNDP)/UNRWA/UNICEF project for youth in the occupied territories became a stepping-stone for much broader cooperation among the three bodies. At the request of the Secretary-General, a high-level task force from those organizations submitted a joint paper for the first year of the transition period requesting $138 million, which was the basis of the United Nations appeal in early October 1993. That paper was broadened for the Consultative Group meeting of December 1993 in Paris chaired by the World Bank. It outlined a framework of assistance for the first two years of the transition period. Simultaneously, UNICEF held consultations which strongly favoured harmonizing the programme cycles for Palestinians. As a result, UNICEF is submitting short-duration recommendations for Palestinians in the occupied territories, Lebanon and the Syrian Arab Republic for the period ending in 1995. That submission is an integral part of the joint United Nations paper. UNICEF will, subject to Executive Board approval, also abbreviate the cycle of the programme for Palestinians in Jordan approved by the Executive Board in 1993 for the period 1994-1997 so that it, too, becomes fully synchronized with the proposed programmes for Palestinians.

60. UNICEF will cooperate with various institutions. The Palestinian Economic Council for Development and Reconstruction will be the focal point for the ratification and implementation of the Convention on the Rights of the Child, the finalization of the national programme of action and the development and review of the programme framework. In the Syrian Arab Republic, the General Organization for Palestinian Arab Refugees (GOPAR) is currently the government agency responsible for overseeing the administrative and civil status needs of Palestinians. The Palestinian Red Crescent Society will be the counterpart body for health, with UNRWA maintaining the operation of its health delivery units. UNRWA is at present the main body responsible for public sector education. Other organizations with areas of interest to UNICEF are expected to emerge soon. An important UNICEF role will be in strengthening the capacities of active Palestinian NGOs, which currently manage community development, income-generating activities, adult literacy, health and young child-care services with minimal support. Coordination among these groups is not yet strong, and there are gaps in service coverage.

Recommended programme cooperation for Palestinians in Lebanon, 1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	
Health	80
Early childhood development	80
Women in development	100
Water supply and sanitation	50
Advocacy and planning	40
Subtotal	350
Supplementary funding	
Health	30
Early childhood development	150
Women in development	150
Water supply and sanitation	20
Subtotal	350
Total	700

61. This short-duration submission will expand on the objectives of the current (1992-1994) programme for Palestinians in Lebanon and contribute to achieving the mid-decade goals. It is based on a strong commitment of all partners to global priorities and strategies for the 1990s. The 1995 programme will be implemented to be responsive to a changing situation of Palestinians in the region as a whole. Thus UNICEF support will respond to priority needs in cooperation with UNRWA, PRCS and a network of Palestinian philanthropic associations and international NGOs.

62. The overall goal of the programme is to improve the quality of life of Palestinian children and women in Lebanon. The programme comprises four components: health; early childhood development; women in development; and water supply and sanitation. Advocacy, planning, monitoring and evaluation will form integral parts of each component. The common aim is to build on past experience and empower local associations and communities to meet the physical, emotional and socio-psychological needs of their children.

63. The programme strategy will emphasize the strengthening of partnerships with local and international NGOs and government institutions. Hence, a high priority will be inter-agency cooperation through policy dialogue and information analysis. Community empowerment and national capacity-building through strengthening of data reporting systems will continue to be major elements of programme strategy.

Health

64. Health objectives include (a) virtual elimination of neonatal tetanus, elimination of poliomyelitis and reduction of measles mortality by 95 per cent and morbidity by 90 per cent; (b) sustained vaccination coverage by all six antigens of more than 90 per cent of all infants, and 90 per cent coverage of all women of child-bearing age with tetanus toxoid; (c) sustained 95 per cent coverage of mothers with regular antenatal and post-natal care; (d) increased ORT use to 90 per cent; and (e) sustained universal availability of iodized salt. The programme will comprise EPI, CDD, child nutrition, safe motherhood and screening and treatment of childhood disabilities. To achieve those objectives, the programme will target the known causes of maternal and child mortality and morbidity.

65. Assistance for the expanded programme on immunization will help to sustain vaccination coverage of 90 per cent or greater of infants and women of child-bearing age. UNICEF will continue to provide vaccines, syringes, needles and cold-chain equipment to UNRWA service units and to PRCS and Medical Aid to Palestinians (MAP) clinics. Special attention will be given to the improvement of the disease surveillance system, maintaining effective cold-chain operations and strengthened social mobilization to sustain public awareness and support of UCI.

66. The control of diarrhoeal diseases project will continue to address diarrhoea-related morbidity and mortality among children under five years old through wide promotion of ORT in all PHC facilities and in families. Increased attention will also be given to the prevention of diarrhoea through the promotion of breast-feeding, continuous feeding during diarrhoea episodes and appropriate personal hygiene and sanitation. As a result, close linkages will be forged with the water supply and sanitation project. UNICEF support will include the provision of ORS sachets, as well as the production of promotional and educational materials using Facts for Life messages.

67. The focus in nutrition will be on capacity-building in nutrition education for preventive measures related to infant and child feeding practices, the elimination of vitamin A deficiency, the reduction of anaemia and the eventual elimination of iodine deficiency disorders. UNICEF will provide growth charts to all PHC facilities and support the training of health workers. Community-based meetings will help to educate and empower families to address the range of issues contributing to malnutrition and micronutrient deficiencies.

68. The safe motherhood project will train health workers and traditional birth attendants, with a strong focus on the pregnancy risk factors and approaches to prevent them, and on clean and safe deliveries. The project will support the upgrading of prenatal and post-natal care in PRCS and MAP facilities. In coordination with UNRWA, PRCS and MAP, workshops will be conducted for mothers in camps and displacement centres to improve their knowledge and practices in child growth promotion, personal hygiene, maternal nutrition, breast-feeding, immunization and safe motherhood.

69. In areas of childhood disability and rehabilitation, UNICEF support will focus on helping children and their families prevent and cope with physical

disability and psychological trauma. In conjunction with local and international NGOs, UNICEF will help to develop and promote systems for the prevention and early detection of childhood disabilities, which will be established within the PHC structure, in kindergartens and in primary schools. These agencies will also provide counselling for traumatized children and help to empower families and communities to care for their own children. In this context, UNICEF will support the training of teachers, health staff and parents in the care and counselling of children with disabilities and those experiencing trauma.

Early childhood development

70. The main objective of the ECD programme is to help children realize their cognitive, emotional and psycho-social development. UNICEF will support the inclusion of child-centred, play-oriented learning and early child stimulation methodologies into pre-school education services and home settings. The physical upgrading of kindergartens through the establishment of children's libraries and playgrounds also will be supported. The programme will continue its close linkage with the Lebanese Education for Peace programme, which will provide for the participation of Palestinian children in all of its activities.

71. UNICEF will collaborate with UNRWA in the development of new teaching methodologies, new diagnostic testing and a remedial education structure and will involve teachers, students and parents in efforts to improve the quality of primary education. A pilot project at Burj el-Barajneh for lower-elementary-level students with learning problems will be evaluated to serve as a reference for expansion of coverage.

Women in development

72. This programme will provide women with wider education and vocational skills to empower them to participate more widely in economic life. UNICEF will continue to support small-scale, cooperative income-generating and marketing activities for Palestinian families, especially for female-headed households. UNICEF will support family agricultural activities, which have the potential to achieve family nutritional security. All activities will be implemented in collaboration with Palestinian NGOs, which will sponsor participating families. A monitoring system for income-generation and marketing activities will be established to help strengthen the viability of programme objectives. The promotion of effective, local strategies to increase adult literacy among the Palestinian population, especially women, will be pursued by developing and disseminating sound models for literacy activities. Priority health and nutrition education messages will be incorporated into literacy materials.

Water supply and sanitation

73. This programme seeks to improve the quality and quantity of drinking water, promote healthy sanitary practices in displacement centres and achieve and sustain access to an average of 40 litres of water per person per day. The strategy is to organize community-managed water supply and sanitation schemes. Appropriate information materials using Facts for Life messages will be

disseminated to raise public awareness of proper practices for sanitation and safe disposal of human waste.

74. Monitoring and evaluation will be integral parts of this programme. Support will be provided to establish more detailed and up-to-date baseline data, to monitor trends and to serve as the basis for the evaluation of the programme and planning for the next programme of cooperation.

Cooperation with other organizations

75. Close cooperation with UNRWA and WHO will continue. UNICEF will also cooperate and coordinate with Palestinian philanthropic associations and those international NGOs that provide assistance to Palestinian children and women in Lebanon.

Recommended programme cooperation for Palestinians in the Syrian Arab Republic, 1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	
Health	80
Women and early childhood development	100
Programme support	20
Total	200

76. The objectives of the 1995 programme will expand on those of the 1991-1994 programme. The broad objectives of the national programme of action provide the framework for UNICEF cooperation.

Health

77. The health objectives are:

(a) To eliminate poliomyelitis, virtually eliminate neonatal tetanus and reduce the incidence of measles to near zero;

(b) To sustain immunization coverage of infants at more than 95 per cent for all antigens;

(c) To increase to 90 per cent the proportion of women of child-bearing age receiving at least two doses of tetanus toxoid vaccine;

(d) To reach 70 per cent of mothers and at least one health worker from each clinic with information on ARI case management and referral;

(e) To increase the use of ORT to 90 per cent;

(f) To reach 90 per cent of mothers with information on safe birth delivery;

(g) To achieve and sustain universal availability of iodized salt.

78. The programme consists of six components: EPI; CDD; control of ARI; safe motherhood; iodine deficiency disorders; and vitamin deficiency. The strategy is to sustain and improve past achievements through a strategy comprising capacity-building, community empowerment and service delivery.

79. As part of capacity-building efforts, UNICEF will continue to support in-service training of health staff of UNRWA and NGOs, the development of standardized treatment and care protocols and the improvement of reporting systems and baseline data. UNICEF will also continue to promote cooperation and exchange of experience between UNRWA and the Ministry of Health. In an effort to empower communities with critical life skills and knowledge, increased emphasis will be placed on a variety of social mobilization activities aimed at involving the mass media, women's leaders, schools, traditional birth attendants and local NGOs in community awareness-raising efforts. Support to service delivery will centre on strengthening the network of MCH services provided by UNRWA, GOPAR and Palestinian NGOs through the provision of essential materials and supplies. A stronger focus will be put on improving health services in unofficial camps, which are without access to UNRWA services.

80. Efforts to achieve the mid-decade goals within the Palestinian community in the Syrian Arab Republic are taking place largely within the context of broader national efforts. National programmes relating to the elimination of neonatal tetanus and poliomyelitis and the control of measles, launched in 1990, are being implemented in cooperation with UNRWA and thus include the refugee population. The universal access of Palestinians to radio and television should help national awareness-raising campaigns to promote ORT use among Palestinian households. The national Baby-Friendly Hospital Initiative launched in 1992 includes maternity facilities that are utilized by Palestinian women. Thus UNRWA health staff are included in in-service training on that initiative. A recently launched project on the national control of iodine deficiency disorders, involving the iodization of salt and provision of oil capsules in high-risk areas, covers the Palestinian community. A national study on the incidence of vitamin A deficiency scheduled for 1994 will also cover the Palestinian community.

Women and early childhood development

81. The primary objective of the programme is to develop community-based initiatives that will help women and children to achieve their potential. Increased efforts are being made so that women's development and ECD activities are linked and mutually supportive, wherever possible.

82. Early childhood development will increasingly emphasize strategies for empowering mothers and other caregivers within the home with the key knowledge and skills they need for guiding early childhood growth and development. UNICEF

will also continue to mobilize the numerous NGOs and community groups involved in ECD as a network and provide support for that network to expand the coverage and improve the quality of centres. Promoting the involvement of women and women's organizations in the network will be a high priority.

83. Women's development efforts will continue to centre on expanding income-generating opportunities for women, especially for female heads of household. UNICEF will seek to foster more community support through extensive advocacy and more mobilization of community groups, which could lead to income-generating activities for women. Combining income-generating activities with broader training in a range of basic life skills and knowledge, including key ECD skills needed by Palestinian women in their daily lives, will be a challenge.

Cooperation with other United Nations organizations

84. Close cooperation will be maintained with UNRWA and WHO in the development and implementation of programmes for Palestinians in the Syrian Arab Republic. Cooperation will be strengthened with the United Nations Population Fund in safe motherhood and with UNDP and the United Nations Development Fund for Women in women's development. Representatives of United Nations organizations will meet on a regular basis to exchange experiences and to coordinate activities. A strategy paper for cooperation in the Syrian Arab Republic is expected to be completed by the end of 1994. The programme cycles of the United Nations organizations will be synchronized starting in 1996.

Recommended programme cooperation for Palestinians in the West Bank and Gaza, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

	1994	1995	Total
General resources			
Health	-	200	200
Education	-	125	125
Childhood disability and rehabilitation	-	50	50
Project support	-	350	350
Subtotal	-	725	725
Supplementary funding			
Health	2 000	2 600	4 600
Primary education	4 000	5 300	9 300
Youth and community activities	5 000	6 800	11 800
Early childhood development	3 000	4 000	7 000
Psycho-social health	300	400	700
Programme support	700	900	1 600
Subtotal	15 000	20 000	35 000
Total	15 000	20 725	35 725

85. To formulate a social policy for the occupied territories and develop effective and sustainable services for Palestinian children and women will be an important challenge, presenting new opportunities to improve the conditions of Palestinian families. Supporting the peace process will require a rapid improvement in social services and creation of employment to raise the average level of family income. The expected creation of a central authority with, inter alia, a mandate to coordinate and strengthen basic services will help to overcome the fragmentation, duplication and inefficiency of current services.

86. During the period 1994-1995, UNICEF will continue to give priority to three major strategies:

(a) Improving the quality of social services and developing local capacity to achieve goals for the survival, protection and development of children and women. This will include setting up and maintaining an information base for monitoring indicators relevant to children and women; establishing policies and professional standards through appropriate decision-making bodies; promoting universal adoption of those standards through advocacy; and providing relevant training and technical support at the community level to facilitate their application. Longer-term issues of sustainability can be addressed only once a central authority has been established and policy formulation progresses;

(b) Empowering communities through public participation, advocacy on children's rights, broad partnerships with local organizations and encouraging private and community initiatives. UNICEF will extend its partnerships to include a broader range of local organizations, and a new authority will continue these activities on a larger scale;

(c) Strengthening programme complementarity with other United Nations bodies. While UNDP and UNRWA provide support for building infrastructure and overhauling the service sectors, UNICEF will focus on service delivery rather than the development of infrastructure.

87. UNICEF cooperation is designed to be integrated within the framework of the Palestinian Development Programme and the Palestinian National Health Plan. UNICEF cooperation will also be integrated into the overall framework of donor coordination initiatives.

Health

88. United Nations organizations will support a new authority in standardizing and upgrading health policies, strategies and approaches. UNICEF will continue to support preventive, promotive and curative MCH interventions. Working in close cooperation with the Palestinian Health Council and other health institutions, UNICEF will continue to support EPI, CDD, ARI, exclusive breast-feeding of infants during the first four months and the rational use of essential drugs for CDD and ARI.

89. UNICEF will support (a) immunization, to maintain high coverage levels; sustain vaccine supply; assess the cold chain and improve the quality of storage, transportation and monitoring of vaccine stocks; and upgrade the skills of managers and service workers; (b) CDD, to promote universal ORT use and

assist in the design and implementation of surveys of knowledge, attitudes and practices among health workers, mothers and child minders; (c) ARI, to standardize case management and promote positive behavioural changes among health workers and families; and (d) nutrition, to mobilize hospital and health unit staff and families on the promotion of breast-feeding and the prevention and elimination of micronutrient deficiencies.

90. Other cross-cutting activities will include (a) fuller appraisal of PHC problems and institutional capacity in those services, which will facilitate the planning of sectoral policies and the setting of standards; (b) the development of policy and service protocols and their harmonization, through consultations with PHC providers, pilot testing of models and evaluation; and (c) appropriate training and related material assistance, for example, the provision of training equipment and learning materials to encourage the adoption of service protocols at all levels in management, clinical practice and community education.

91. UNICEF has established solid working relationships with all the major PHC providers. In line with the emerging framework of Palestinian authority and decision-making, this network of established partnerships can help to promote policy development, harmonization and cost-effectiveness through well synchronized UNICEF technical and material assistance for PHC.

Primary education

92. UNICEF will continue to help improve the quality of primary education through the development and promotion of classroom enrichment materials for effective learning and the expansion of training and networking activities for teachers and supervisors. UNICEF will also support the development of new training systems for teachers and new teaching methodologies and will assist in the development of diagnostic, testing and remedial education services. In addition, UNICEF will provide each school with packages of materials for both educational and recreational activities, which will support the promotion of effective learning.

93. This programme, through the provision of materials, the enhancement of teacher training and the promotion of effective learning techniques, will complement the work of UNDP, UNRWA and local organizations in the revision of curricula.

Youth and community activities

94. There is an urgent need to give children and young people an opportunity to expand their activities for intellectual, physical and emotional development. These were major priorities identified by communities at the onset of the transition phase, and are based on the need to create among young people an important role for them in improving their environment.

95. Therefore, UNICEF will promote the establishment and development of non-formal educational activities for youth, which will help to foster an active commitment towards improving their environment. UNICEF will support a wider organization of summer camps, youth centres, sports clubs and children's centres and playgrounds which will cover more localities and target groups. Activities

highly suitable for children and youth will be introduced. UNICEF will support local initiatives that focus on sound psycho-social health and cognitive development of children and young people. The programme will concentrate on locations most in need: Gaza and the northern and southern areas of the West Bank. Artistic expression will be encouraged through theatre, music and art workshops, especially programmes for females. Literacy will be addressed through the development of a children's magazine and an adult education programme in Gaza.

96. UNICEF will assist in the coordination of needs assessments, networking and training of youth leaders and youth club managers, programme development and advocacy. UNICEF will provide some supply assistance through the UNICEF Supply Division at Copenhagen; UNDP and UNRWA will be responsible for renovation activities and will assist with the bulk of supply assistance.

Early childhood development

97. This programme focuses on enrichment of the child's environment and development of social and psychological well-being. Those needs have been addressed by a variety of local NGOs and women's committees which operate nurseries, kindergartens and child-care centres. Owing to a lack of technical and financial support, those services have declined, and they need to be revived.

98. The strategy is to reach caregivers in service groups, whether they be child-care institutions or households, with information and training in ECD. An integrated approach to child rearing will be promoted through:

(a) Community education, with a wide range of professionals and paraprofessionals trained to provide support and information to parents;

(b) Training and support to nurseries and kindergartens. These services should continue until the incoming authority has the opportunity to review and establish goals, policies and standards;

(c) Development and support of community play areas. In 1993 a range of designs and approaches to community play areas was tested. In 1994 the programme will expand geographic coverage through construction of play areas;

(d) Policy harmonization and improving the sustainability of the ECD sector, again using training and appropriate assistance as strategies. This sector is already a recipient of significant contributions from Palestinian women's committees, and it can serve as an important channel for greater influence of women on the social development process.

Psychological health

99. Exposure to military force during the intifadah has left physical and emotional scars on a large number of Palestinian children. In addition to those children suffering from physical disability, there is a large number of children suffering from symptoms of aggressiveness, anxiety, hyperactivity and depression. In cooperation with UNRWA and several local organizations, UNICEF

has been supporting new activities to address child mental health needs through existing service organizations - the clinics and schools - with which children have frequent interaction.

100. This programme will be continued and expanded. Schoolteachers in UNRWA and in new public schools will be equipped with crisis counselling and guidance skills to help children with psychological trauma. UNICEF will help local NGOs to incorporate counselling services in PHC centres in rural areas and refugee camps through the hiring of recent college graduates. UNICEF will support increased training and provision of relevant material assistance, including the preparation of training and communication modules to help parents understand and cope with child trauma.